The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XV FEBRUARY, 1959 NO. 2

SPECIAL MEETING PANEL

Left to right, R. J. Surprenant, Howard Burke, Dr. Allen S. Johnson, John H. Miller, W. Scott Allen and Dr. Eugene Beauchamp, Sr. (See page 16.)

MEMBER MEDICAL SOCIETY MAGAZINE GROUP

Hampden District Medical Society

Founded 1840

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Eugene W. Beauchamp, M. D.
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Nominating . . . . . Edward P. Bagg, M. D.

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Allen S. Johnson, M. D. and Thomas F. Reilly, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult"
Hippocrates

Published monthly except July and August

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VOLUME XV FEBRUARY, 1959 NO. 2

EDITORIALS

QUO VADIS FUND RAISING

Although many of the charity fund-raising campaigns are over, the problems and controversies surrounding them are still with us. Physicians definitely have a vested interest in these fund-raising activities as manifested by their participation in one or another of their organizations. Furthermore since a considerable portion of the "charity dollar" goes toward fighting "dread diseases", the physician is a prime target for fund raisers.

As always the controversy over the best method of giving or raising philanthropic funds smoulders on. Recently fuel was added to the fire when the House of Delegates of the AMA at its meeting in San Francisco passed a softly worded resolution placing organized medicine on the side of individual rather than united fund raising. The resolution indirectly took this side when it "respectfully requested" the recently organized AMA's American Research Foundation to "take no action which would endanger the constructive activities of the national voluntary health agencies." This resolution portends to discourage the Foundation from accepting any money from United Community Funds and Councils of America. Moreover, it opposes in effect any United Fund control of national voluntary health organizations.

"Papa" has spoken! But, how does each individual member of the family feel and how will each react? Already there are indications that the nation's physicians are sharply divided.

Those who are opposed to united fund raising claim that the United Funds wield a "big stick" against refractory individualistic fund raising drives in spite of a proclaimed national policy against forced participation.

It is also claimed that United Funds tend to misrepresent when they claim to be soliciting funds for the same "dread diseases" as non-cooperating agencies. It is said also that United Funds fail to raise as much money for national causes as do individual drives. A health agency's future growth and potential accomplishments can be stunted by the United Funds' policy of making money allocations on the basis of past requirements. United Funds can "kill the emotional spark that vitalizes workers for individual causes" and de-emphasize individual educational and service programs. United Funds fail to eliminate nuisance drives. Organizations of questionable worth are perpetuated. Finally, United Funds attempt to dictate how and where the American public shall give its money and how this money shall be divided. Thus go the objections to united fund raising.

Those in favor of United Fund drives proclaim that this method prevents public irritation caused by multiple individual campaigns. United Funds attain their goals more completely in terms of money asked for. A relatively larger amount of money collected is kept under local control. Fund raising costs are much lower. The job of getting volunteers is made easier. Fake drives are screened out. A community's charity funds are apportioned on the basis of relative need rather than on emotional appeal. Participating health agencies' time and effort are so saved that they can better apply themselves to the main tasks of service.

Then, there are those who espouse coexistence by saying that national health agencies would fair better by having separate drives but local welfare agencies should be in United Funds.

So go the arguments pro and con. How hot the frying pan and how hot the fire is hard to predict at this time. Each physician must consider carefully and cautiously before leaping into either. J.C.A.

SEMPER PARATUS

According to the Holyoke Transcript and Telegram, Dr. Edward P. Bagg, Jr. was appointed recently temporary Director of Health for the City of Holyoke.

Dr. Bagg has a long record of distinguished service to medicine, among many other things, having served as president of both the District and the State Medical Societies. His contribution to the Hippocrat as co-founder, editor and counsellor are only too well known to all who read these pages. We now learn from the Transcript that he is also " . . . . a holder of the William G. Dwight Distinguished Service Award for outstanding service to the city". We learn also that "He has served as president of the Holyoke Society for the Care of Crippled Children, Chief of Staff and chief pediatric service at Holyoke Hospital and president of the Holyoke Public Library and Museum".

With such an impressive background all we can say is, "Congratulations to Dr. Bagg on his new appointment, but most of all, congratulations to the City of Holyoke on its fine choice and selection. M.M.

Four weeks ago, Mrs. C. was an anxiety patient, complaining of weakness, trembling, sweating, tachycardia, on the slightest exertion. Her symptoms followed family reverses; home life became disorganized, she couldn't cope with housework. Therapy with TRILAFON, 4 mg. t.i.d., and a weekly office visit to discuss her feelings have worked wonders in reactivating this patient. She's on maintenance dosage now, 2 mg. t.i.d., able to work very well, and wide-awake and active all day long.

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ATTENTION COMMITTEE CHAIRMEN!

In order to shorten the coming Annual Meeting the Executive Committee recently voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only two requirements are; (1) that the report not exceed the maximum of 300 words, and (2) that the report reach the desk of the Editor-in-Chief not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting, which is scheduled to take place on April 28.

Reports containing "recommendations" will still have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will report instead to their respective Parent Committees.

Your co-operation is urgently requested.

Harry N. Memery, Secretary

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President's Page

Emergency Medical Service

I believe that one of the greatest services ever rendered by our District Society to the public as well as to the profession has been the establishment of the Emergency Medical Service.

This service has all but obliterated the old complaints from the public and the press that on occasion no doctor was available in time of critical need. Today every community in our District provides immediate medical attention 24 hours a day, seven days a week for any urgent situation that may arise. As a result not only is the health of the public better protected, but our public relations also have improved significantly. The Emergency Medical Service has proved also educational. It has convinced many people that it is far wiser to secure a family physician of their own, than to depend on the transient services of the emergency doctor. The number of calls coming into our answering bureau have therefore steadily decreased and diminished.

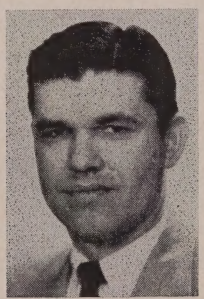
The cooperation of our membership has been exemplary, each taking his turn in alphabetical order. The only complaint we have had of late comes from our Answering Service, and concerns itself not with the doctors but with their wives and office secretaries. According to Chairman Zarecki the Answering Service in trying to locate the doctor on call often has to listen to some very unpleasant and unkind words from these ladies. Their eagerness to protect the doctor from extra stress and strain is understandable, but they must also realize that they are helping neither the cause nor the doctor by being uncouth or discourteous. Perhaps they have never been explained the importance and significance of the Emergency Medical Service. The job to correct their attitude is our own, because the ultimate responsibility for this public service is also our own. We may accomplish this partly by an appeal to our Woman's Auxiliary, but most of all by the aid of a few heart to heart talks with the ladies in our homes and offices.

Thomas F. Reilly

NEW MEMBERS

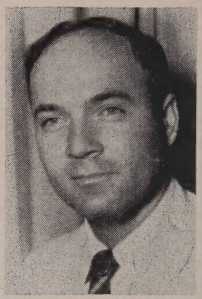
Bennett Barton, M. D.

Office: 130 Maple Street, Springfield, Mass.
Born: December 12, 1924 - New York, N. Y.
Medical School:
Cornell University Medical School - 1953
Internship:
Mary Hitchcock Memorial Hospital - 1953-1954 (Rotating), Hanover, New Hampshire
Residencies:
New York Lying-In Hospital - 1954-1957
Woman's Hospital - 1957-1958—New York
Specialty: Obstetrics and Gynecology



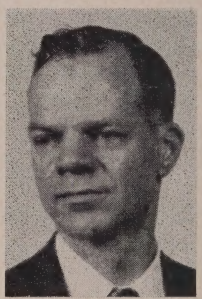
John P. Sullivan, M. D.

Office: The Springfield Hospital, Springfield, Mass.
Born: November 10, 1922 - Bridgeport, Conn.
Medical School:
Tufts University Medical School - 1947
Internship: Carney Hospital 1947-1948
Boston, Mass. — Surgical
Residencies:
University State of New York Medical Center - 1949-1951 — Syracuse, New York
Obstetrics - Gynecology
Cambridge City Hospital - 1953-1954
Albany Hospital - 1954-1955
Albany, New York — Pathology
New York State Health Department Division Laboratories and Research 1955-1956
Memorial Center for Cancer and Allied Diseases - 1956-1957
Specialty: Pathology



Lowell Bellin, M. D.

Office: 130 Maple Street, Springfield, Mass.
Born: October 2, 1928 - Brooklyn, N. Y.
Medical School: State University of New York College of Medicine - 1951
Internship: U. S. Veterans Administration Hospital - 1953-1954, Newington, Conn.
Grace New Haven Hospital - 1953-1954, New Haven, Conn.
Residencies: Pratt Diagnostic Hospital 1956-1957
Specialty: Internal Medicine



William N. Whittlesey, M. D.

Office: Holyoke Hospital, Holyoke, Mass.
Born: July 11, 1912 - Brooklyn, New York
Medical School:
University of New York State College of Medicine - 1943, New York, New York
Internship: Brooklyn Hospital - 1944
Residency:
St. Vincent's Hospital, N. Y. 1947-1951
Appointments: Doctor's Hospital - 1951-1952
New York, New York — Assistant Pathologist
St. Luke's Hospital - 1952-1953
New York
Danbury Hospital - 1955-1957
Danbury, Conn. — Pathologist
Wesson Memorial Hospital - 1957-1958
Specialty: Pathology

†as designated by the A.M.A. Council On Drugs, 1958

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References: 1. Feinberg, A. R., et al.: J. Allergy *29*:358 (July) 1958. 2. Eisenberg, B. C.: Clinical Medicine *5*:897-904 (July) 1958. 3. Robinson, H. M., et al.: J.A.M.A. *161*:604-606 (June 16) 1958. 4. Robinson, H. M., et al.: So. Med. J. *50*:1282 (Oct.) 1957.

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STAFF MEMBERS HONORED

Engraved silver plates were presented to those with up to 50 years of medical staff service at the Springfield Hospital, and gold plates honored those with half a century or more of service.

Four of the honorary staff members who attended the luncheon were Dr. William Goodell of Suffield, Conn., who was a member for 50 years; Dr. Allen G. Rice of Springfield, a member for 51 years; Dr. Wells A. Daniel of Narragansett, R. I., with 21 years of service, and Dr. John M. Gilchrist of West Suffield, Conn., with 39 years.

Dr. Theodore S. Bacon of Springfield, with 54 years of medical staff service, was not able to attend. But he, like the others that could not for one reason or another be present, received his plate by other means.

Others on the honorary staff list who were recipients of plates:

Dr. James Holmes, a member of the staff from 1924 to 1958.

Dr. Howard C. Jackson, a member of the staff from 1921 to 1951.

Dr. Perley A. Hoyt, now living in Clearwater Beach, Fla., a member of the staff from 1924 to 1957.

Dr. Hervey L. Smith, now in Palm Beach, Fla., a member of the staff from 1909 to 1956.

Dr. Edward C. Sullivan of Ormond Beach, Fla., a member from 1920 to 1957.

Dr. William Bradford Adams, now living in Owls Head, Me., a member of the staff from 1921 to 1951.

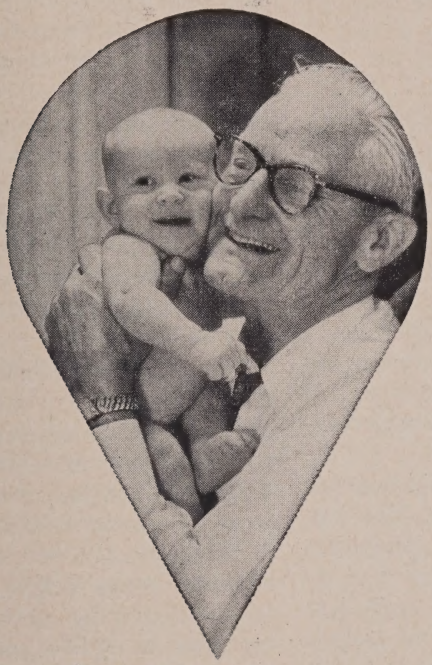
Dr. George F. Dalton, now in Kingston, Ontario, Canada, a member of the staff from 1912 to 1942.

Among the guests at the special luncheon were C. Goodwin Carter, president of the Board of Trustees, who presented the plates; Dudley Wallace and Elmer E. Silver, Jr., past presidents of the Board; E. Hampton Decker, administrator; and Dr. Lawrence H. Doolittle, president of the medical staff.

Dr. Lawrence D. Chapin will complete 50 years on February 18, 1959. Dr. Chapin still is engaged in active practice in Springfield and is a Consultant Physician on the active staff.

Ayres

Left to right, Mr. C. Goodwin Carter, Drs. Allen G. Rice, Wells A. Daniel, William Goodell and John M. Gilchrist.



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Sandra... *age 2 months*

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CORRESPONDENCE

The MMS and the Drug Act

Dear Hippocrat:

On reading the letter in the January issue from Dr. Ralph T. Miller, it is apparent that there are still many foggy and conflicting opinions concerning the harmful drug act (General Laws, Chapter 94, Section 187 as amended by Chapter 577 of 1954), and the attitude of the Massachusetts Medical Society toward this act.

(1) No "gentleman's agreement" verbal or written exists between the Massachusetts Medical Society and the state druggists' association or anyone else.

(2) "Our leadership" did not "allow" the Drug Act to pass. The legislature passed it after our Committee on Pharmaceutical Problems had agreed, somewhat less than enthusiastically, to its wording. "Our leadership" does what it can to see to it that the opinions of our committees (which are approved for appointment by our Council) are presented as forcefully as possible to the legislators. What the legislature does thereafter is far beyond our ability to predict or control.

(3) The Committee on Pharmaceutical Problems and the Massachusetts Medical Society were not "stunned" when the act finally appeared in print. Some of our members apparently were.

The law sets forth certain restrictions upon oral or written prescriptions for the so-called harmful drugs (i.e., all drugs upon which the manufacturer or distributor has, in compliance with federal law and regulations, placed the following: "Caution - *federal law prohibits dispensing without prescription*").

It does not provide that physicians may sell such drugs to patients or to customers off the street.

It does, however, provide that a physician may personally administer any harmful drug at such time and under such circumstances as he in good faith and in the legitimate practice of medicine, believes to be necessary for the alleviation of pain or suffering or for the treatment or alleviation of disease.

Our committee influenced by the Commissioner of Public Health and his associates, accepted the phrase "Personally administer" with some misgivings, as a substitute for the word "dispense" because the traditional privilege of freely dispensing such harmful drugs might be (and has been) abused by physicians dispensing them to addicts and to purveyors of "goof balls".

The legislature placed the power of enforcing this section in the hands of the Department of Public Health and the *Board of Registration in Pharmacy*. This may or may not have been wise. Certainly some enthusiastic inspectors for the pharmacy board have rather arbitrarily informed physicians that in dispensing small amounts of these drugs to patients, they were violating the law. But when we have reported such over-enthusiasm to the Board of Pharmacy and to the Department of Public Health, we have been assured, and the assurance has been backed up by corrective warnings to inspectors, that they were exceeding their authority.

I think it fair to say that representatives of the pharmacists and the doctors have met and agreed that there is

no intent to limit the bona fide administration or handing out of small amounts of harmful drugs to people who need them. Both have agreed that we are willing to put limitations upon the sale of such drugs in quantity to undesirable persons.

This has all been said before in our official publications. Many people do not read them.

Robert W. Buck, M. D.
Secretary, MMS.

On Guard!

Dear Hippocrat:

The correspondence below should alert all members of our Society against the slick operator who masquerades as a poor magazine salesman trying to work his way through college. The two letters speak for themselves.

W. A. R. Chapin

"Director of Admissions
Johns Hopkins Medical School
Baltimore, Maryland
Dear Sir,

"Yesterday, a young man named Charles Chappell, who says his home is in Johnstown, Penn., solicited me for magazine subscriptions. His story was that he needed three hundred more points from salesmanship to gain enough money for admission to your pre-medical school. He says he has been accepted for admission to your school.

"I told this man if he called back in a week and I found his story to be true, I would buy of him. I was not impressed however. Would you be good enough to comment at the bottom of this letter to save yourself work?

Sincerely,
W.A.R. Chapin, M.D.

January 14, 1959

"Doctor Chapin:

I have checked our files and also the office of our undergraduate school and find no record of Charles Chappell. Please let us know if there is any further information you would like.

Secretary to
Samuel P. Asper, Jr., M.D.
Associate Dean of the
Medical Faculty"

Western Heart Seminar

The Western Chapter of the Massachusetts Heart Association is sponsoring a two-day seminar on Recent Advances in Electrocardiography and Correlation of Research Data on Atherosclerosis to be held on Wednesday and Thursday, March 18th and 19th, 1959. Dr. Louis N. Katz, Director of the Department of Cardiovascular Research at the Michael Reese Hospital in Chicago will conduct the course assisted by his associates, Drs. Alfred and Ruth Pick and Richard Langendorf. Details of the program will be available later.

We have again been offered the facilities of the Massachusetts Mutual Life Insurance Company through the efforts of Dr. Howard Brown and because of space restrictions, registration will have to be limited. The hours of the course will be 9:00 A. M. to 11:30 A. M. and 1:00 P. M. to 4:00 P. M. with the last thirty minutes devoted to answering questions.

Those interested in attending will please contact the Heart Association at 145 State Street, Springfield.

Wayne C. Barnes, M.D., Chairman
Program Committee

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DOCTOR SULLIVAN APPOINTED

Dr. Elizabeth Myers Sullivan

At the spritely age of 81, Doctor Elizabeth Myers Sullivan, believed to be the oldest practicing woman physician in Massachusetts, was appointed to the Springfield Council for the Aging by Mayor Thomas J. O'Conner, Jr., on January 15, 1959.

The Council on Aging is a local group of individuals who are vitally interested in the problems of our senior citizens. This group carries on various studies relative to the problems of the aged; makes recommendations to the community, the City government, and the people in regard thereto; assists our older citizens, wherever and whenever possible, by referring them to proper facilities for help; and tries to coordinate various facilities providing services to the aged. The local Council for the Aging is one of one hundred and four in Massachusetts having ties with a State and a Federal Council. The importance of these Councils for the Aging has been fully recognized by various levels of government as manifested by statutory permission extended for their establishment.

Doctor Sullivan undoubtedly will have much sage counsel to offer to the Springfield Council for Aging from her vast experience in dealing with the ill and disabled from time when she made her first house call in Springfield in 1907 via horse and buggy until now.

Ayres

On Wednesday, March 18, a School Health Conference will be held under the auspices of the School Health Committee of the Massachusetts Medical Society, at the Statler-Hilton, Boston. This will be an all-day Conference, beginning at 9:30 a. m.

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PROVIDENCE HOSPITAL SEMINAR

Dr. Franz J. Ingelfinger of Boston University School of Medicine, and Dr. C. Stuart Welch of Albany Medical College, will present the semi-annual Providence Hospital seminar in Holyoke, Massachusetts on March 4, 1959. Their subject is medical and surgical aspects of gastroenterology.

We do not have the program as yet. The schedule will run from 1 P. M. to 9:30 P. M. and will include the usual dinner. Any profits realized will be used to purchase otoscope-ophthalmoscope sets for the hospital wards.

The enrollment fee of $10.00 may be sent to me, 197 Chestnut Street, Holyoke. R. J. Maher, M.D.

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- **dermatoses**

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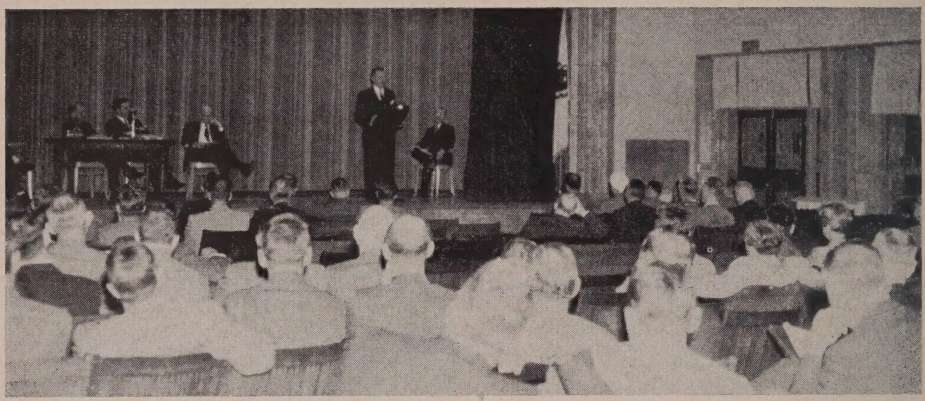
SPECIAL MEETING HIGHLIGHTS

January 20, 1959



Place: Municipal Hospital Auditorium, Springfield . . . . Purpose: to discuss problems of mutual interest to Medicine, Industry, Labor and Insurance . . . . Panel is moderated by Dr. E. W. Beauchamp, Chairman, Committee of Insurance, Labor Relations and Industrial Accidents . . . .

First speaker is Mr. R. J. Surprenant, President, Springfield Central Labor Union, representing 52 labor organizations in this area . . . . Chief problem, he believes, is increasing medical and hospital costs . . . . His unions paid out last year $237,-000.00 . . . . He favors fixed medical fee schedules . . . . Unions here are considering seriously organizing clinics patterned after those of United Mine Workers . . . .

Second speaker is Mr. John H. Miller of Monarch Life Insurance Co. . . . . Sales of voluntary health insurance programs have increased from 20 to 120 million . . . . These have proved satisfactory . . . . Is against the For-and Bill . . . . Medicine and insurance share responsibility of solving medical problems of the aged . . . .

Third speaker is Mr. W. Scott Allen representing Health Insurance Council . . . . Organized in 1946 it consists of 8 groups embracing 500 insurance companies . . . . It attempts to deal with problems of the insured, the doctor and the hospital . . . . It disseminates information dealing with these problems . . . . If medicine and insurance don't solve them government will take over . . . .

Fourth speaker is Mr. Howard Burke, representing Western Mass. Association of Employers . . . . Both medicine and insurance are fighting socialized medicine . . . . Big problem is cost . . . . Average workers pay at Wico is $2.12 an hour, but cost of fringe benefits is an additional $0.60 an hour . . . . Tells story of British Para I who was rubber-stamped abdominally by socialized medicine . . . .

Fifth and final speaker is Past President Dr. Allen S. Johnson . . . . Recent addition to "Four Freedoms" is "Fifth Freedom": Freedom from the devastating cost of illness . . . . Since 1940 consumer index doubled, hospital cost quadrupled but doctors costs increased only 75% . . . . Basic goal of (1) Doctor, (2) patient and

(3) insurance carrier is the same: to provide best and most economical care of the sick . . . . Offers two recommendations: (1) A simpler and more uniform type of insurance form, and (2) To inform the insured in advance of what policy does and doesn't cover . . . .

Many questions are asked in writing from the floor. Samples: (1) Why don't unions use Blue Shield? . . . . (2) How would you prevent increasing hospital costs? . . . . (3) Are insurance companies planning to tell doctors how much to charge? . . . . (4) Why do insurance companies concern themselves with surgical fees and ignore the internist? . . . . (5) What is being done to compensate doctors for the steadily increasing paper work? . . .

Meeting, which is well received, adjourns at 10 p. m.

ACADEMY

February Meeting

The February 10th meeting will be the annual joint meeting of the Springfield Academy of Medicine and Western Chapter Heart Association. Speaker will be Dr. Stanford Wessler, Associate, Harvard Medical School. His topic will be "Evaluation of The Cardiac Patient for General Surgery". A Clinical Conference in the afternoon, dealing with "Peripheral Vascular Disease", will be held at the Springfield Hospital, 5 p. m.

March Meeting

At the March 10th meeting William P. Given, M.D., assistant Clinical Professor of Obstetrics and Gynecology, Cornell University Medical College, New York will speak on "Gyn. Endocrinology".

At 5 P. M. Dr. Given will conduct a Clinical Conference at the Wesson Memorial Hospital.

HUMANISTIC CULTURE

"One must react against the tendency observed in the young generations to consider only laboratory investigation scientific, and to look with disdain on clinical research. Scientific quality does not depend on the tools that are used, but on the method which is followed, and the merit does not rest on the method, however scientific it may be, but on the creative idea. There is no worse form of spiritual mutilation in a physician than the lack of humanistic culture. He who lacks it may be a great technician, may be a learned man in his science, but in all else he cannot be but a barbarian wholly ignorant of that which gives human understanding and sets the values of the moral world."

Dr. Ignacio Chavez, Mexico,
at 3rd World Congress of Cardiology, as reported by Ellis Joffe, M. D., Holyoke.

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JANUARY MEETING OF EXECUTIVE COMMITTEE

The following is a summary of the Executive Committee meeting held on January 8th.

1) Approved a letter to be distributed to the membership regarding the Emergency Medical Service.
2) Reviewed the action taken regarding the Soldiers Home resolution since the special meeting of December 19th.
3) Approved the Heart Association's request for cooperation on the part of Hampden District in regards to a short wave radio program, open to the public, to be held at the Springfield Trade School.
4) The annual District Meeting is to be held on April 28th, the place to be announced.

Harry N. Memery, M.D., Sec.

COMING EVENTS

Annual Meeting (District) April 28.

Councilors Meeting (Boston) May 18.

MMS Annual Meeting (May 19, 20 and 21.

AMA Convention, June 8 - 12, Atlantic City.

American College of Physicians, April 20 - 24, Chicago.

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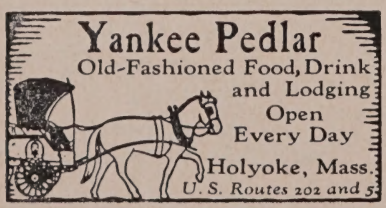

QUOTE OF THE MONTH

"Historians of the future will marvel most of all at the non-resistance of those who had the most to lose."

General George Van Horn Moseley

GRAND ROUNDS, VIII

The eighth in the series of Upjohn *Grand Rounds* closed-circuit telecasts will take place from the Washington University School of Medicine, St. Louis on March 18th. On this occasion, *Grand Rounds* will take up the subject of chest disease—medical and surgical. Live cases will be presented that will provoke discussion of neoplasm, pulmonary embolism, infectious processes, chronic pulmonary disease, and chest emergencies. It is likely that —as in other *Grand Rounds*—specific answers to questions raised by at least one case may be obtained by surgery performed before the live television cameras.

Grand Rounds may be seen at Boston, 9 p. m., Bradford Hotel, Grand Ballroom.

MEMBERSHIP CENSUS

Hampden District membership as of January 6, 1959.

Active Fellows	455
Senior Fellows	41
Total:	496

This entitles us to 25 councilors in addition to 6 who are councilors by virtue of their offices held in the Society.

Harry N. Memery, M. D., Sec.

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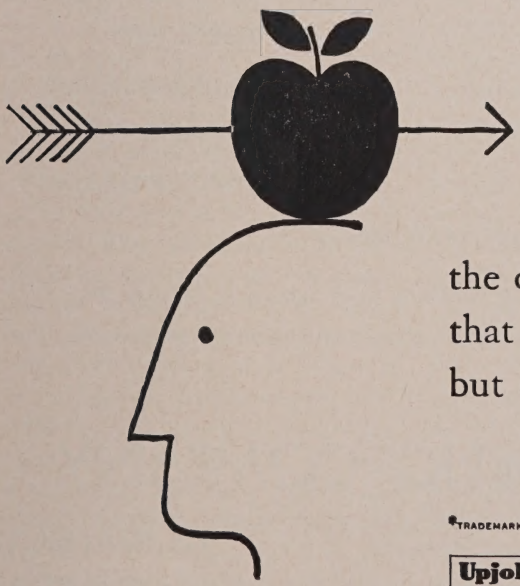

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REPORT OF BLUE SHIELD PROFESSIONAL SERVICE COMMITTEE

December 16, 1958 (Abstract)

On October 8, 1958 your Chairman attended a meeting in Boston to which all chairmen of the District Professional Service Committees were invited. At this meeting among other things, it was suggested that members of the Boston and regional offices meet with representatives of our District Society. Such a meeting was held in Springfield on November 12, 1958 and was attended by the Blue Shield Committee, the members of the Executive Committee and by the Editor of the Hippocrat. Since the material presented at these 2 meetings was similar in character, they will be summarized in a single report:

1. It is proposed to publish a bimonthly Blue Shield magazine. This will be sent to all members and will inform us in advance of any changes proposed by Blue Shield.

2. In 1949 Blue Cross had 575,000 of the $7.00 a day contracts and Blue Shield had 315,000 similar contracts. In 1958 it had 700,000 Plan B contracts in Blue Shield and only 128,000 Plan A contracts, and even these are rapidly being replaced by better contracts. There are an additional 51,000 contracts varying from Plan B, but in the higher payment levels. B.C. has recently begun to offer a semi-private complete cost contract which is going very well. The extra-benefit and the Master Medical contracts are also going well.

3. The market for health and accident insurance in Massachusetts is now well saturated. From 20% to 25% of the population is not able to subscribe to Blue Cross-Blue Shield for the following reasons: 1) Marginal income, 2) Welfare, 3) Over age 65, 4) In institutions, 5) Veterans (some), and 6) In armed forces. In Massachusetts 75% of the population have health and accident insurance; 63% of this group, or approximately 50% carry B.C.-B.S. The remainder is handled by commercial insurance.

Since Blue Cross is the only organization which consistently takes the older-age groups and does not cancel out at age 65, it must have many younger, healthy groups to offset the older-age load. B.C.-B.S. is trying to persuade industry to keep retired employees under its program together with the wives and children of deceased members.

4. State employees numbering some 32,000 have just taken out the B.C.-B.S. semi-private plan. This contract includes a $25.00 deductible clause on Blue Cross payments.

5. New England Mutual Insurance Company has had health and accident coverage for their employees with B.C.-B.S. for 18 years. Two years ago it took over the coverage. The first year it lost $500,000, the second $950,000. Commercial insurance companies' operating costs are 11% whereas Blue Cross-Blue Shield's is 4.4%. A recent study by commercial insurance companies of B.C-B.S. showed that, 1. Failure of B.C.-B.S. would throw a burden on the commercial insurance companies which they could not handle. 2. Failure of B.C.-B.S. would affect all companies and might lead to socialized medicine.

6. Underwriting consists of two types of contracts—group and individual. B.C.-B.S. has begun rating groups

annually, and adjusting the rates accordingly. If the group's costs are under 85% it receives a discount for the next year. If costs are over 85% it is surcharged. Contracts with individuals show a loss. Since commercial companies will not carry insurance on those over age 65, many companies offer the older employees applications for B.C.-B.S. If such persons are acceptable, they are taken. In 1947 in the U.S. Blue Shield subscribers were paying premiums of $15,000,000. In 1957 this amounted to $100,000,000. There are now 42,000,000 Blue Shield members in the U.S. In this period Blue Shield costs have increased 67%, and Blue Cross 111%. Some of this increased cost of Blue Cross could be reduced if physicians would use caution in ordering diagnostic procedures and would reduce days of hospital stay to the number absolutely necessary.

7. Difficulties between doctor and patient occur on the average of 10 or more times a week. In most instances these are reports of overcharges by doctors. Blue Shield processes these claims by means of an affidavit signed by the patient with regard to his income and the income of his spouse and other covered members on the contract in question. A field assistant then visits the physician. If he does not believe the affidavit, Blue Shield will then get income tax returns from the federal and state tax offices and will also interview the patient's employer. Blue Shield also provides a form for determining eligibility for service benefits which any doctor may obtain for use in his office. If the physician does not wish to send this out, Blue Shield will do it for him.

8. (a) Between 15,000 and 16,000 claims are submitted each week; (b) incomplete or vague forms stop 60,000 forms at the first station each year, the major reason being failure of the doctor to sign the return. These 60,000 extra demands on personnel could be eliminated if the doctor filled out the form correctly; (c) Some of the failures are due to inadequate knowledge on the patient's part of the benefits due him; (d) Personnel difficulties in securing help of good calibre. Letters that some doctors write to the Blue Shield office are abusive. Since these letters are handled by lay persons the dignity of the profession is often damaged. It has been suggested that letters be dignified even though the doctor may feel he has just cause for grievance.

9. Labor groups demand certain favorable coverage. In many instances they want no employee contribution. Management is always, of course, trying to secure this coverage at the lowest possible cost. As small an amount as a 75¢ increase in insurance cost per employee cited in one study of 126 groups, showed that the increased cost to the employee would be $411,000.

10. Of 2,250,000 members there are 350,000 who are over 65. Of the 300,000 members on direct payment contracts most are over 65.

11. Of 7,200 physicians in Massachusetts, between 10 to 15 per cent submit Blue Shield reports that are open to question.

At a meeting of the subcommittee of the Executive Committee for B.C.-B.S. Problems of the Massachusetts Medical Society, the resolutions of our District Society dated February 4th, 1958 were taken up one by one. A summary of what has been accomplished by these resolutions follows:

1. Major changes in Blue Shield policies will now be presented to members of the Society through a bimonthly magazine, and through conferences with the Blue Shield committees or their chairmen.

2. A request for the legal opinion relative to the illegality of the action taken at the meeting of February, 1957 was submitted. Here is the request: "The provision that whenever the Central Professional Service Committee initiates any change in a rule or regulation it shall give at least 30 days' written notice to the voting members means that the directors are without power to adopt such a rule or regulation until thirty days after the required notice has been given. While a change in income levels must first be approved by the Council before its adoption by the directors, no period of notice prior to Council action is specified, and the thirty-day period provided in the bylaws does not refer to Council action. While the communication to the voting members dated December 17th was from the Executive Director of Blue Shield, it constituted a notice to the members of the action of the Central Professional Service Committee and is to be considered as substantial compliance with the bylaw provision." (Signed) E. L. Twomey.

3. The separation of Blue Cross from Blue Shield so that doctors will not be considered by the public culpable for the rising costs of hospital care is already receiving attention. It should be pointed out, however, that doctors are responsible to some extent for increased hospital costs. The extended use of hospital services affects for increased hospital costs. Usage of Blue Cross has gone up 40% since 1950. Blue Shield payments to physicians have doubled in the past ten years. The subscription rate for Blue Shield at the present time is less than costs because Blue Shield is extending surplus as required by the insurance commissioner. When this is exhausted, an over-all rate of $5.00 a month for a family of two or more persons under Plan B as compared with $4.75 will be necessary.

4. In general, the Committee favored the conclusions that the public should be informed of the efforts and sacrifices made by the medical profession to keep Blue Shield charges as reasonable as possible.

5. The question of using the same fee schedule for Medicare for the $5,000 yearly income group and Blue Shield for the $7,500 yearly income group without adjustment of fees was discussed. Medicare covers a group of healthy young adults with a fairly uniform income level. Blue Shield covers a wider range of ages, a wider range of incomes, and less healthy people. The mean for persons of an income of less than $7,500 (the top income covered by Blue Shield) is about $4,700, according to the 1958 Survey of Consumer Finances. Therefore, if the Medicare fee schedule is fair, then Blue Shield probably is also.

6. The sixth and last resolution has to do with the recommendation that Blue Shield furnish proof that a subscriber's statement of income is correct is redundant because this service has been in effect for some time. Blue Shield has forms and investigators for this purpose and has furnished data to physicians whenever they have requested it.

Your chairman felt that a great deal of time was spent by the committee on

the Hampden District resolutions. They listened sympathetically and discussed each resolution at length. The issue should now be considered closed.

Finally, it should be brought to the Society's attention that there is a feeling on the part of some persons in political office that the director of B.C.-B.S. and at least part of the Executive Committee should be appointive positions. This is a point of view that should be closely studied and our Legislative Councilor should keep us informed of developments.

Respectfully submitted,
M. Gene Black, M.D., Chairman
Blue Shield Professional
Service Committee

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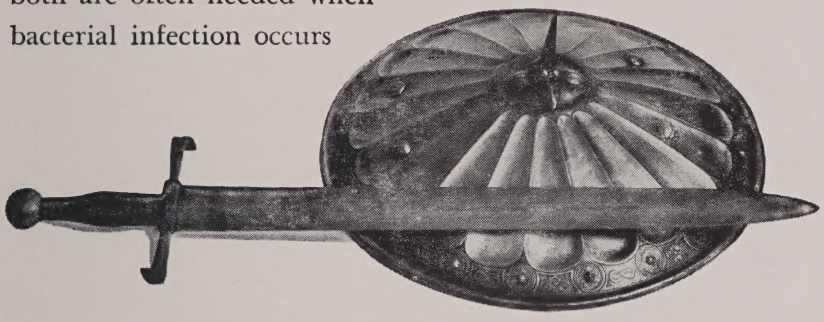

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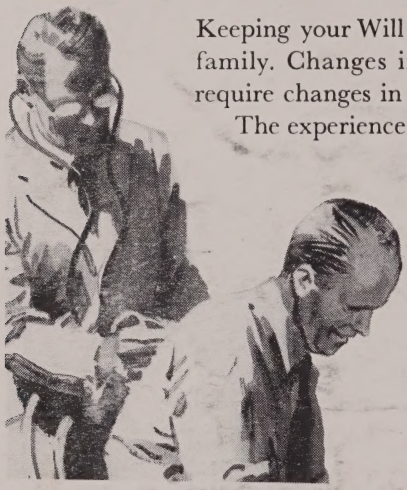

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